

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

No DRILLERS  
LOG AVAILABLE

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5983  
Name: Victor J. Leis  
Address 1: P.O. Box 223  
Address 2: \_\_\_\_\_  
City: Yates Center State: KS Zip: 66783 + \_\_\_\_\_  
Contact Person: Ryan M. Leis  
Phone: (785) 313-2567  
CONTRACTOR: License # 33900  
Name: Steve Leis  
Wellsite Geologist: n/a  
Purchaser: Pacer

API No. 15 - 207-27545 . 00 .00

Spot Description: \_\_\_\_\_  
NW NW NE SW Sec. 20 Twp. 24 S. R. 16  East  West  
2,420 Feet from  North /  South Line of Section  
1,540 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Woodson  
Lease Name: Hash Well #: 1  
Field Name: Vernon

Producing Formation: Squirrel

Elevation: Ground: 1061 EST. Kelly Bushing: n/a

Total Depth: 1071 Plug Back Total Depth: n/a

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: n/a Feet

If Alternate II completion, cement circulated from: 1071

feet depth to: surface w/ 123 sx cmt.

Designate Type of Completion:

- New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SIOW  
 Gas  D&A  ENHR  SIGW  
 OG  GSW  Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

RECEIVED

Operator: \_\_\_\_\_

NOV 14 2011

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original TD Depth: \_\_\_\_\_

KCC WICHITA

- Deepening  Re-perf.  Conv. to ENHR  Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth  
 Commingled Permit #: \_\_\_\_\_  
 Dual Completion Permit #: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  
 GSW Permit #: \_\_\_\_\_

12/7/2009 12/8/2009 12/8/2009  
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Ryan M. Leis

Title: Agent Date: 2/3/11

KCC Office Use ONLY

- Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Dlg Date: 11/23/11

Operator Name: Victor J. Leis Lease Name: Hash Well #: 1  
 Sec. 20 Twp. 24 S. R. 16  East  West County: Woodson

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>Gamma ray/ neutron</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum see attached
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CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10"	7"	23.5	40	portland	11	n/a
Production	5 7/8"	2 7/8"	6	1068	50/50 poz.	123	n/a

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	29 SHOTS 1016-1031	N/A	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 4/1/2010		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf 0	Water Bbls. 0
			Gas-Oil Ratio n/a
			Gravity N/A

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

TICKET NUMBER 22489  
LOCATION Ottawa KS  
FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT  
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/1/09	5353	Hask #1	6W 20	24	16	W0
CUSTOMER			TRUCK #			
Midway Oil Co			506	Fred	369	Ken
MAILING ADDRESS			495	Casey		
P.O. Box 1000			548	Chuck		
CITY	STATE	ZIP CODE	510	Jason		
Miami	OK	74354				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1071 CASING SIZE & WEIGHT 2 1/8 EUE  
 CASING DEPTH 1068 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 6.2 BB DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish circulation mix pump 200' Premium Gel  
 Flush. Mix pump 9 BBL Talltale dye. Mix pump 88  
 SKS 50/50 Por Mix Cement 6% Gel. Follow w/ 40 SKS OWC  
 Cement Flush pump & lines clean. Displace 2 1/2" Rubber  
 Plug to casing TD w/ 6.2 BBL Fresh water ~~pressure~~ Pressure  
 to 750' PSI. Release pressure to set float valve. Shot in  
 casing.

RECEIVED  
 NOV 14 2011  
 Fred Maden

Steve Leis Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		870.00
5406	<del>1</del>	MILEAGE Trucks on lease		N/C
5402	1068'	Casing Footage		N/C
5407A	229.32	Ton Miles #500		266.40
5407A	122.20	Ton Miles #548		141.25
5502c	2 1/2 hrs	80 BBL Vac Truck		235.00
1124	83 SKS	50/50 Por Mix Cement		767.25
1126	40 SKS	OWC Cement		640.00
118B	644#	Premium Gel		103.09
4402	1	2 1/2 Rubber Plug		22.00
		WOT# 232323		
		6.3%	SALES TAX	96.51
			ESTIMATED TOTAL	3142.12

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Rev'n 3737